08-30-01

PTO/SB/05 (11-00)

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## UTILITY PATENT APPLICATION TRANSMITTAL

Please type a plus sign (+) inside this box

Attorney Docket No. HILL 100

First Inventor Richard A. Hillstead

Title MEDICAL INSTRUMENT

FI 845500122US

Only for new nonprovisio	nai applications under 37 CFR 1.53(b	)) Expres	ss Maii Labei No	. 220,000	0 1220		
APPLICA	ATION ELEMENTS	AD	DRESS TO:	Assistant Cor Box Patent A			nts
See MPEP chapter 600 con	cerning utility patent application conte			Washington,			
1. X Fee Transmittal F (Submit an original and a Applicant claims see 37 CFR 1.27 3. X Specification (preferred arrangement - Descriptive title - Cross Reference - Statement Regeral - Reference to see or a computer program - Background of - Brief Summary	form (e.g., PTO/SB/17) Induplicate for fee processing) Is mall entity status. In a set forth below) In of the invention In the to Related Applications arding Fed sponsored R & Dequence listing, a table, program listing appendix the Invention of the Invention on of the Drawings (if filed) into the process of the process	7. [ 8. N ( <i>i</i> a.	i i. paper Statements v  ACCOMPANYII Assignment Pa 37 CFR 3.73(I	D-R in duplicate gram (Appendia gram (Appendia gram) adable Form (ence Listing of DM or CD-R (appendia gram) appendia gram (cover sept) Statement	e, large x) ence Sul CRF) n: 2 copies) y of abor CATIOI heet & c	table or bmission b; or ve copies N PARTS document(s) Power of	
4. X Drawing(s) (35 L	J.S.C. 113) [Total Sheets 38	] 11.	(when there is English Trans	• ,		Attorney olicable)	
5. Oath or Declaration  a. Newly exect Copy from a (for continual in 1.63(d)(2)  6. Application Data	[ Total Pages  uted (original or copy) prior application (37 CFR 1.63 (d)) tition/divisional with Box 18 completed  ION OF INVENTOR(S) attement attached deleting inventor(s) the prior application, see 37 CFR and 1.33(b)  Sheet. See 37 CFR 1.76  CATION, check appropriate box, and	12. 13. 14. 15. 16.	Information D Statement (ID Preliminary A  Return Recei (Should be sp Certified Cop (if foreign prid Request and (b)(2)(B)(i). Al or its equivale Other:	isclosure S)/PTO-1449 mendment pt Postcard (N ecifically itemic y of Priority Do ority is claimed Certification u pplicant must	IPEP 50 ized) pocumentil) nder 35 attach fo	Copies of I Citations  3)  (s)  U.S.C. 122  rm PTO/SE	3/35
Continuation	Divisional Continuation-in-part (	CIP)	of prior application No	1			
Prior application information	Examiner	,	Group Art Unit			***************************************	
Box 5b, is considered a part of	ONAL APPS only: The entire disclosure f the disclosure of the accompanying co relied upon when a portion has been in	ntinuation or d	ivisional application a	and is hereby in	corporat	s supplied u led by refere	nder nce.
	19. CORRESPO	NDENCE AD	DRESS		<u>.</u>		
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Name (Print/Type)	∄ Gary W. McFarron	Reg	gistration No. (Atto	rney/Agent)	27,3	57	$\overline{\gamma}$
Signature	Mully Mitall	MA		Date	Augu	st 29, 20	01

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PTO/SB/17 (11-00)

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## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

1

(\$)966.00
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C	omplete if Known	
Application Number		
Filing Date	herewith	
First Named Inventor	Richard A. Hillstead	
Examiner Name		
Group Art Unit		
Attorney Docket No.	HILL 100	

METHOD OF PAYMENT	FEE CALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES	
Deposit	Large Small	
Account Number 50/1039	Entity Entity Fee Fee Fee Fee Foo Description	m Daid
Deposit Cook Alex McFarron Manzo	Code (\$) Code (\$)	Fee Paid
Name Cummings & Mehler	105 130 205 65 Surcharge - late filing fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	
Applicant claims small entity status.	139 130 139 130 Non-English specification	
See 37 CFR 1 27  2. X Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination	
Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action	
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	
Large Entity Small Entity	116 390 216 195 Extension for reply within second month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month	
101 710 201 355 Utility filing fee 355	118 1,390 218 695 Extension for reply within fourth month	
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month	
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal	
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal	
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing	
SUBTOTAL (1) (\$) 355.00	138 1,510 138 1,510 Petition to institute a public use proceeding	
	140 110 240 55 Petition to revive - unavoidable	
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional	
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)	
Total Claims	143 440 243 220 Design issue fee	
Claims 5 -3 - 2 x 40 = 80	144 600 244 300 Plant issue fee	
Multiple Dependent	122 130 122 130 Petitions to the Commissioner	
Lerna Entity Co. all Paste.	123 50 123 50 Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)	
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection	
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))	
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)	
and over original patent	169 900 169 900 Request for expedited examination of a design application	
SUBTOTAL (2) (\$)611.00	Other fee (specify)	
**or number previously paid, if greater: For Reissues, see above	*Reduced by Basic Filing Fee Paid SURTOTAL (3) (\$)	

SUBMITTED BY				Complete (if	applicable)
Name (Print/Type)	Gary W. McFarron	Registration No. (Attorney/Agent)	27,357	Telephone	312-236-8500
Signature	Mary W. 9114 arian	A		Date	August 29, 2001

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	AILING BY "EXPRESS MAIL A. HILLSTEAD and BRYAN D. KNO	" (37 CFR 1.10)	Docket No. HILL 100
Serial No.	Filing Date HEREWITH	Examiner	Group Art Unit
nvention: MEDICAL INS	TRUMENT		
hereby certify that the fo	llowing correspondence:		
PATENT APPLICA	ATION		
	(Identify type of co	respondence)	
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7 CFR 1.10 in an envelo	e United States Postal Service "Exp pe addressed to: The Commissione		
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